

**Bureau of Alcoholic Beverages and
Lottery Operations
Division of Liquor Licensing &
Enforcement
8 State House Station,
Augusta, ME 04333-0008
Tel: (207) 624-7220
Fax: (207) 287-3434**



BUREAU USE ONLY

License No.:

Class:

Deposit Date:

Amt. Deposited:

CASH CK MO:

Present license expires: _____

DIRECT SHIPPER LICENSE APPLICATION

☐ **License Fee: \$200.00**

☐ **Registration Fee: \$100.00**

Check Payable: Treasurer State of Maine

DIRECT SHIPPER RENEWAL

☐ **Renewal Fee \$50.00**

Corporation Name:		Business Name (D/B/A)	
APPLICANT(S) –(Sole Proprietor) DOB:		Physical Location:	
DOB:		City/Town	State
Address		Code	Zip
City/Town		State	Zip
State		Code	Zip
Zip Code		City/Town	State
Telephone Number		Business Telephone Number	Fax Number
Fax Number		Code	Zip
Federal I.D. #		Seller Certificate #: or Sales Tax #:	
Email Address: Please Print		Website:	

Do you have a federal basic permit pursuant to the Federal Alcohol Administration Act? _____
Attach a copy of your permit to this application.

Do you have a License/ Permit issued by your State? _____
Attach a copy of Current State License/ Permit to this application.

Do you acknowledge that as a direct shipper you must provide the Division of Liquor License & Enforcement a list of all product labels to be shipped into the State of Maine at the time of application? _____
Attach list to the application

I hereby acknowledge that shipments made in accordance with Chapter 55 of Title 28-A must be accompanied by a shipping label that clearly indicates the name of the direct shipper and the name and address of the recipient and that the common carrier shall obtain the signature of a person 21 years of age or older at the address listed on the shipping label prior to delivery of the shipment. In addition the common carrier shall request photographic identification from the person signing for the shipment and verify that the person is 21 years of age or older.

I hereby acknowledge that as a direct shipper I may not ship a container of wine of less than 750 milliliters and may ship no more than 12 cases, each of which may contain no more than 9 liters or an equivalent volume, to any one recipient address in a calendar year.

I hereby acknowledge that as a direct shipper I may not ship to any address in an area identified by the Division of Liquor Licensing and Enforcement as a prohibited shipping area or a local option area.

I hereby acknowledge that any shipment of wine by a licensed direct shipper shall be made only in containers that clearly indicate on the exterior of the container the name of the direct shipper and the name and address of the recipient. Each package to be shipped in accordance with this section so that it conspicuously reads “CONTAINS ALCOHOL: SIGNATURE OF A PERSON 21 YEARS OF AGE OR OLDER IS REQUIRED FOR DELIVERY.”

Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes ☐ No ☐
(If **Yes** complete Corporate Information Required for Business Entities Who Are Licensees)

Is/Are applicant(s) citizens of the United States? Yes ☐ No ☐

Is/Are applicant(s) residents of the State of Maine? Yes ☐ No ☐

List name, date of birth and place of birth for all applicants and mangers. Give maiden name if married:

Name in Full (Print Clearly)	DOB	Place of Birth
.....		
.....		
.....		
.....		

Residence address on all of the above for previous 5 years (Limit answer to city & state)

Name in Full (Print Clearly)	Address	City	State
.....			
.....			
.....			
.....			

Use a separate sheet of paper if necessary.

Has applicant(s) or manager(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? Yes ☐ No ☐

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes ☐ No ☐ If **Yes**, give name: _____

Has applicant(s) formerly held a Maine liquor license? Yes ☐ No ☐

Does any other person have any interest directly or indirectly in your business? Yes ☐ No ☐

If **Yes**, give details: _____

Do applicant(s) own the premises? Yes ☐ No ☐ If **No**, give name and address of owner: _____

Sales Tax Registration and payment required

Maine Revenue Service (207) 624-9693

As a condition of receiving a certificate of approval, a shipper located outside the State shall comply with the provisions of Title 36, Part 3, including all requirements relating to registration as a seller and the collection, reporting and remittance of the sales and use taxes of this State, and shall agree to be subject to the jurisdiction of the State for purposes of the enforcement of those obligations. (Attach copy of tax registration).

I hereby acknowledge that licensed direct shippers are responsible for remitting gallonage, excise and premium taxes quarterly to the Division of Liquor Licensing & Enforcement as required by the State of Maine.

I hereby acknowledge that licensed direct shippers shall provide to the Division of Liquor Licensing & Enforcement, upon request and under penalty of perjury, a list of any wine shipped to an address within Maine, including the addressee.

I hereby acknowledge that as a direct shipper, and as a condition of licensure, I am subject to the jurisdiction and enforcement authority of the State of Maine for the purposes of enforcement of 28-A, M.R.S.A. §1403-A.

**PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO
PENALTY PROVIDED BY SECTION 3 OF TITLE 28A, MAINE REVISED STATUTES**

NOTE: "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$500.00 or by both."

Dated at: _____ on _____, 20____
City/Town Date Year

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Name of Applicant(s) or Corporate Officer(s)

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Name of Applicant(s) or Corporate Officer(s)

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

CONSENT TO JURISDICTION AND VENUE

I, _____, on behalf of the above listed applicant, hereby consent to jurisdiction and venue of all actions brought before the Division of Liquor Licensing and Enforcement, any state agency or the courts of the State of Maine, such that any and all hearings, appeals and other matters relating to my direct shipper license, if issued, shall be held in the State of Maine.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission Expires _____ Notary Public _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof shall be deemed to be a part of this Application.

WARNING: THE STATEMENTS ON THIS APPLICATION ARE MADE UNDER OATH OR AFFIRMATION. FALSE STATEMENTS CAN BE GROUNDS FOR REJECTION OF THE APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED.

For Division Use Only:

☐ Approved

☐ Not Approved

Holding for: _____

Start Date: _____ Issued By: _____



State of Maine
Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement

**Corporate Information Required for
Business Entities Who Are Licensees**

For Office Use Only:

License #: _____

SOS Checked: _____

100% Yes ☐ No ☐

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety.

1. Exact legal name: _____
2. Doing Business As, if any: _____
3. Date of filing with Secretary of State: _____ State in which you are formed: _____
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attached additional sheets as needed)

NAME	ADDRESS (5 YEARS)	Date of Birth	TITLE	Ownership %

(Ownership must equal 100% for Corporations, LLC's etc.)

6. If Co-Op # of members: _____ (list primary officers in the above boxes)

7. Is any principal person involved with the entity a law enforcement official?

Yes ☐ No ☐ If Yes, Name: _____ Agency: _____

8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?

Yes ☐ No ☐

9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: _____

Date of Conviction: _____

Offense: _____

Location of Conviction: _____

Disposition: _____

Signature:

Signature of Duly Authorized Person

Date

Print Name of Duly Authorized Person

Submit Completed Forms To:

Bureau of Alcoholic Beverages
Division of Liquor Licensing and Enforcement
8 State House Station, Augusta, Me 04333-0008 (Regular address)
10 Water Street, Hallowell, ME 04347 (Overnight address)
Telephone Inquiries: (207) 624-7220 Fax: (207) 287-3434
Email Inquiries: MaineLiquor@Maine.gov